



Editorial

Norman Goldstein MD
Editor, Hawaii Medical Journal

Sick Buildings - Sick Patients

For several decades, I have read about sick building syndrome and have heard that Hawaii is having problems in its high-rise buildings. Hawaii has more than its share of environmental allergens, giving it the reputation as an allergy capitol of the country. The combination of high humidity and year round warm weather makes paradise the ideal "petri dish" for fungi, molds, pollen, mites, and other allergens.

This problem became acutely personal when my wife and I became sensitive to molds in our downtown condo with central air-conditioning, prompting us to purchase a home. After living there for 18 years, new air-conditioning improperly installed increased humidity and a variety of molds suddenly proliferated, forcing us to seek a well-ventilated and mold-free environment. This is an all too frequent occurrence for families in Hawaii.

Despite regular servicing of a building's air conditioning system, the growth of mold can outpace the most meticulous methods of control. Recently, CNN News interviewed Jeffrey May, the author of *My House is Killing Me!* Writer May is an indoor environmental specialist with vast experience in what has become a major worldwide health problem. While allergists and pulmonologists are aware of these problems, other medical specialists generally are not. This book is suggested reading for practicing physicians, especially in

mold-provoking areas, and should be recommended to patients suffering attendant respiratory distress.

Air pollution indoors can be ten times more prevalent than outdoors in Los Angeles on a bad day, no matter where you live, according to the American Formulating and Manufacturing Association. The Environmental Protection Agency estimates that indoor air pollution kills more than 11,000 people every year.

In the longest study of indoor and outdoor fungal concentrations, Shelton et al studied 1,717 buildings and found there was no one species of mold associated with illness in the occupants. In the three-year study, the most common mold species, indoors and outdoors, were *Penicillium*, *Aspergillus*, *Cladosporium*, and non-sporulating molds. *Stachybotrys chartarum*, the "toxic black mold," which contains macrocyclic trichothecenes, was found in 6% of the buildings studied and in 1% of the outdoor air samples.

Unfortunately, even after molds are identified, control after an outbreak may be difficult or impossible to eradicate. Sensitive people may have to relocate to avoid these environments.

Hospitals are also potential breeding grounds for mold problems. An article in Hospital Materiel Management Quarterly by Brownson reports that some people become very seriously ill just by breathing indoor air. This is a problem in all industrial buildings, and Brownson suggests that hospital staff are at particular risk, and that hospital managers should endeavor to make the air safer for staffs and patients. A MedLine review of the "Sick Building Syndrome" reveals that this is a worldwide problem with several texts on the subject currently available. A special hospital in Japan is researching this burgeoning environmental problem.

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Letter to the Editor

Medical Records Privacy

Why are we going backwards on the subject of Privacy of Medical Records?

The proposed changes to the HIPAA privacy rule announced two weeks ago by the Department of Health and Human Services (HHS) loosen restrictions on providing care before obtaining consent and discussing patient care out loud with other clinicians.

Just as the MD credential obligates Medical Doctors to adhere to the tenets of the Hippocratic Oath, the credential of RHIA obligates Registered Health Information Administrators to tenaciously protect the confidentiality of private medical information on behalf of patients at all times. Because there was never Federal regulation to protect this private health information, this has been a challenging task at best. Also, patients have not always been aware of how their medical information was being used and what they could do to direct that use.

Fortunately, the HHS along with the Office of Civil Rights have been strategically positioned by the HIPAA Privacy standards to improve this legacy while expediting patient care and payment to providers for that care. That was, until March 22, 2002.

Don't forget that as a country, we have invested somewhere between \$10 and \$15 billion dollars on healthcare information technology since 1996. Healthcare professionals have made the collection of patient data, the conversion of that data into useful information and access to that information infinitely simpler than anytime in the past. Our government had the foresight to know that with this massive investment, we needed a system to protect this easily accessible information in the spirit of ensuring the "zone of privacy" it seeks to provide its citizens through various laws regarding private information.

We should proceed cautiously in modifying the HIPAA privacy regulations. Recall the original intent of these privacy regulations with these examples from the Federal Register of December 28, 2000:

- 35% of Fortune 500 companies look at an applicant's medical records prior to making hiring decisions
- A Health System posted records of thousands of patients on the Internet
- A Health Department employee took a disk with the names of 4,000 people who had tested positive for HIV
- A woman purchased a computer that still contained prescription records of pharmacy customers
- A banker who also sat on a county health board gained access to patients cancer records and called in their mortgages

Do we really need more evidence than this that we should not allow the other protections (e.g., civil monetary penalties, imprisonment for using or selling protected health information for personal advantage, personal gain or malicious harm) provided in the HIPAA privacy regulations to be carved away until we find ourselves back at square one?

Administrative simplification was the original intent of the HIPAA regulations. Those of us responsible for running and operating healthcare organizations have questioned this as we have learned more about the arduousness of implementing various HIPAA provisions. It isn't going to be easy. As leaders, it's time for us to step up and figure out how best to implement these regulations, share the successful methods for doing so with our colleagues in the healthcare community and maintain the protections that we as citizens have been provided.

Beth A. Kost, RHIA
Corporate Compliance Officer
Vice President, Professional Services
Precyse Solutions

Editor's Note:

Beth Kost has worked in Health Information Management for more than 16 years. She has served as a Senior Consultant for Ernst & Young in its Health Care Consulting Practice in Washington D.C. Kost joined Precyse in 1998. In 1999, she became Chief Operating Officer and in 2002 she joined the corporate team as Vice President of Professional Services, HIPAA and Corporate Compliance Officer. Kost is a graduate of Bowling Green State University.

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Perhaps this is the time for our Medical School to plan an environmental medicine department in the proposed Kakaako facility.

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**Until there's a cure,
there's the
American Diabetes
Association.**